Chronic Use of Prescription Opioids (PO) During Pregnancy

Connie Guille, MD
Assistant Professor
Dept of Psychiatry & Behavioral Sciences, MUSC
Current Trends

• PO use during pregnancy
  • Medicaid (1.1M Pregnant Women)
    • 23% filled a PO medication during pregnancy
  • Private Insurance (500,000 Pregnant Women)
    • 14% filled a PO medication during pregnancy

(Bateman et al., 2014; Desai et al., 2014)
Current Trends and Consequences

- Risk of PO use during Pregnancy
  - Fetal Malformation
  - Low Birth Weight
  - Preterm Birth
  - Neonatal Abstinence Syndrome
  - Unknown long term effects

(Broussard, 2011; Epstein, 2013; Flood, 2014; Patrick, 2012)
Current Trends

• **PO use during pregnancy**
  • Geographic Variation
    • Southern states with highest rates of filled PO: 42%
  • Indication for PO use
    • Procedure/Surgery: 10%
    • Back Pain
    • Abdominal Pain
    • Joint Pain
    • Migraines
  • Pattern of Use
    • Short-term: 97-98%
    • Long-term: 2-2.5%

(Bateman et al., 2014; Desai et al., 2014)
Preliminary Work

• Clinical Data Warehouse (CDW)
  – Pregnant Women (2013)
  – Outpatient PO
  – 12.4% (298/2394) given at least 1 PO in pregnancy
  – 29.2% (87/298) given 2 or more PO in pregnancy
Preliminary Work

• Chart review (N=30)
• Women using POs throughout pregnancy
  1) Pain diagnosis/Indication for PO use
  2) Medication Regimen (ER/LA, IR or Both)
  3) Misuse (e.g., early refill, multiple sources)
  4) Alternative Pain Management Strategies
## Preliminary Work

<table>
<thead>
<tr>
<th>Pain Diagnosis PO Indication</th>
<th>Percent of Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown/Unclear</td>
<td>23.3% (7/30)</td>
</tr>
<tr>
<td>Back Pain</td>
<td>16% (5/30)</td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>16% (5/30)</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>16% (5/30)</td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>13% (4/30)</td>
</tr>
<tr>
<td>Sciatica</td>
<td>10% (3/30)</td>
</tr>
<tr>
<td>Esophageal spasm</td>
<td>3.3% (1/30)</td>
</tr>
</tbody>
</table>
### Preliminary Work

<table>
<thead>
<tr>
<th>Medication Regimen (ER/LA, IR or Both)</th>
<th>Percent of Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>6.7% (2/30)</td>
</tr>
<tr>
<td>ER/LA</td>
<td>30% (9/30)</td>
</tr>
<tr>
<td>IR</td>
<td>63.3% (19/30)</td>
</tr>
</tbody>
</table>

ER/LA: Extended Release/Long Acting  
IR: Immediate Release
# Preliminary Work

<table>
<thead>
<tr>
<th>PO Misuse</th>
<th>Percent of Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any PO Misuse</td>
<td>76% (23/30)</td>
</tr>
<tr>
<td>Early Refill Request</td>
<td>65% (15/23)</td>
</tr>
<tr>
<td>Multiple Sources</td>
<td>35% (8/23)</td>
</tr>
<tr>
<td>Another Provider</td>
<td>38% (3/8)</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>62% (5/8)</td>
</tr>
</tbody>
</table>
Preliminary Work

• **Structured Key Informant Interviews**
  – Pregnant women chronic use of POs (N=7)
  – Alternative pain management had been recommended to all women prior to starting POs (pre-preg) but only 2 tried alternatives
  – 7- Willing to try CBT for chronic pain
  – Poorly informed about risks of PO use
  – Inaccurate risk perceptions
Pain Interventions for the Reduction of Pain and PO use during Pregnancy

- Physical Med/Rehab
  - PT, OT, Assistive Devices
- Interventional Approaches
  - Injections, Neurostimulation
- Alternative Medicine
  - Massage, Supplements, Acupuncture
- Psychological Support
  - Psychotherapy, Group Support
- Lifestyle Change
  - Exercise, Weight Loss

THE PAIN PATIENT
Provider Interventions to Improve:

- Discuss Risk/Benefits PO use
- Treatment of Pain
- Risk Mitigation Strategies
- PDMP/SCRIPTS
Newborn Outcomes
Questions?